## MIAMI BEACH EMPLOYEES' RETIREMENT PLAN

## AUTHORIZATION FOR DIRECT DEPOSIT

I herby authorize the Miami Beach Employees' Retirement Plan and the financial institution listed below to deposit my pension benefit check directly into my account with that institution. I further authorize the financial institution to return any funds that I am not entitled to that have been deposited into my account. This authorization will remain in full force and effect until the Miami Beach Employees' Retirement Plan has received written notification from me of such change or termination. I have read and understand the Program Rules concerning direct deposit as outlined below.

## \*\*PLEASE TYPE OR PRINT\*\*

Name:				
	Home Phone No: ( )			
Action Requested Start	Change	Stop (just sig	gn & date below)	
Name of Financial Institution:				
Account Number:				
Transit Routing Number:				
Type of Account:	_Checking*		Savings **	
Signature:		_ Date:		

## **DIRECT DEPOSIT PROGRAM RULES**

- 1. \*You must provide a <u>BLANK CHECK</u> marked <u>"VOID"</u> from your checking account that shows both the account number and the Transit Routing Number.
- 2. \*\* You must provide a DEPOSIT SLIP or BANK FORM from your SAVINGS account that shows both the account number and the Transit Routing Number.
- 3. A pre-notification test record will be sent to your financial institution prior to the actual deposit of your payment into your account. During this test period, a benefit check will be mailed to you. The pre-notification test must be preformed any time there is a change made in institutions and/or accounts.
- 4. Your payment may be sent to any institution that is an Automatic Clearing House (ACH) member.
- 5. All requests must be received by the 15<sup>th</sup> of the month in order to begin the pre-notification test for the next monthly payroll. Requests to terminate and/or to make changes to your direct deposit received by the 15<sup>th</sup> of the month will be processed on the next monthly payroll.